

10/575

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1	2				
14	1	1				
15		2				
16	1	2				
17	1	1				
18		1				
19	1	2				
20		2				
21		2				
22	1	1				
23		2				
24		2				
25		2				
26		2				
27			1			
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34			1			
35				1		
36				1		
37				1		
38				1		
39				1		
40			1			
41				1		
42				1		
43				1		
44			1			
45				1		
46				1		
47				1		
48			1			
49				1		
50				1		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						